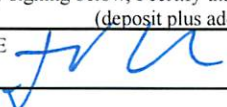


AO 435 (Rev. 03/08)		Administrative Office of the United States Courts		FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
<i>Please Read Instructions:</i>					
1. NAME JEFFREY S. MILLER		2. PHONE NUMBER (361) 888-3111		3. DATE 11/28/2016	
4. MAILING ADDRESS 800 N. SHORELINE BLVD., SUITE 500		5. CITY CORPUS CHRISTI		6. STATE TX	7. ZIP CODE 78401
8. CASE NUMBER C-16-195-1&2	9. JUDGE JOHN D. RAINEY	DATES OF PROCEEDINGS			
		10. FROM 4/18/2016		11. TO 4/18/2016	
12. CASE NAME DONNA AND THOMAS TOLAND		LOCATION OF PROCEEDINGS			
		13. CITY Corpus Christi		14. STATE Texas	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				RE-ARGN HRNG FOR	
<input type="checkbox"/> BAIL HEARING				BOTH DEFTS	
				18 APR 2016	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		200.00
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	200.00
18. SIGNATURE 				PROCESSED BY	
19. DATE 11/28/2016				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
		DATE	BY		
ORDER RECEIVED					
DEPOSIT PAID					
TRANSCRIPT ORDERED				TOTAL CHARGES	200.00
TRANSCRIPT RECEIVED				LESS DEPOSIT	200.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	200.00

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